

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)? YES

Number of copies of CRF::

Title:: METHODS AND COMPOSITIONS FOR
MULTIPLEX AMPLIFICATION OF NUCLEIC
ACIDS

Attorney Docket Number:: 003848.00099

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: HAJIME
Middle Name::
Family Name:: MATSUZAKI
Name Suffix::
City of Residence::
State or Province of Residence:: CA
Country of Residence::
Street of mailing address:: 562 KENDAL AVENUE, # 26
City of mailing address:: PALO ALTO
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: ERIC
Middle Name::
Family Name:: MURPHY
Name Suffix::
City of Residence:: SAN FRANCISCO
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1786 34TH AVENUE
City of mailing address:: SAN FRANCISCO
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94122

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/099301	06/18/98
	Non-Provisional of	60/050,405	06/20/97

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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: AFFYMETRIX, INC
 Street of mailing address:: 3380 CENTRAL EXPRESSWAY
 City of mailing address:: SANTA CLARA
 State or Province of mailing address:: CA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 95051